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Incorporating Retail Chemist

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COMMENT

Similar aims

Inevitably there are many parallels between the remuneration claims of Irish pharmaceutical contractors and their British counterparts. The Irish Pharmaceutical Union has proposed, to their Minister for Health, criteria for a limitation of General Medical Service contracts (p978) in much the same way as National Health Service contract limitation has been suggested in the UK. The majority of pharmacists have realised for some time that to give the best pharmaceutical service to the public, some control on location is necessary. Not unnaturally opinions differ within the profession on how that control should be effected.

In Ireland controlled entry to the GMS is not without precedent. Medical practitioners have to comply with certain criteria including the demonstration of need for extra services in a particular area. The IPU proposes a similar demonstration for pharmacists. Under the proposals doctors would not be allowed pharmaceutical contractor status whilst holding general medical practitioner contracts with the GMS—a parallel to UK pharmacists' objections to dispensing doctors.

Where all pharmacist contractors are in agreement is that the quality of service is directly proportional to the contentment of those who provide it. The IPU points out to the Irish Minister that in an economically viable setting the quality of service is likely to be maintained at an optimum level. This approach is the basis of the claims for higher dispensing fees and allowances.

The basic fee claim of 67p does not seem unreasonable when it is realised that an independent review body recommended 45p in 1975. At that time, the Minister for Health rejected the recommendation and offered 35p which was reluctantly agreed to as an interim solution in the difficult economic circumstances. By that acceptance, pharmacists were also intending to demonstrate their high degree of responsibility as members of the health care team.

That experience in Ireland cannot be lost on UK pharmacists who have been offered an independent review panel after years of patient and responsible negotiation, and yet they know full well that neither side is to be bound by any decision. Mr Ennals, the Secretary for Social Services, only last week, again refused to commit himself to be bound by the panel's recommendations. He feels it would not be in the interests of either side to rule out the possibility of negotiation in advance. It may be that Mr Ennals is offering the Pharmaceutical Services Negotiating Committee the chance to negotiate even more than the panel suggests—or there may be another consideration!

All the aspects of the IPU claim for higher fees must be considered in context. Prescription turnover per pharmacy is considerably lower than in the UK and private dispensing, an important part of pharmacies' viability is being replaced by GMS work. Irish pharmacists rightly feel they should not be subject to any financial disadvantages for performing GMS dispensing. Government contracts have their drawbacks.

The IPU believes that the Department of Health should accept contractors' financial burdens arising from increased stock levels and delayed payments for dispensing. UK pharmacists have frequently endorsed that belief.

What is abundantly clear is that if both health ministers wish to maintain a high quality pharmaceutical service essential to patient care, they must provide encouragement and ensure the viability of that service.

Urgent calls fee to be improved?

The Department of Health has agreed to consider out of hours payments for pharmacists called out to dispense medicines but where the patient fails to turn up.

The Pharmaceutical Services Negotiating Committee heard at its meeting on November 27 that the Department would give "sympathetic consideration" to paying the appropriate "urgent" fee if evidence of such calls was provided.

The Department has advised PSNC that the sums added to the balance sheet for urgent dispensing should generally follow the pattern of other NHS remuneration. The Department had said it appeared that little progress could be made at present but that they would be prepared to discuss the principles governing payment for urgent prescriptions in order to produce a fair reward for pharmacists and a satisfactory level of service to patients. The Committee instructed Mr Smith to seek counsel's opinion.

The Committee considered a letter from the Department on the basis of allocation of the cost of the first pharmacist. This letter stated that there was no statutory requirement that NHS dispensing should be the sole activity undertaken by the pharmacist or that he need be continuously and exclusively available for NHS purposes throughout his contract hours. The Committee expressed its concern at the Department's attitude and agreed that a joint meeting be convened by the chief executive with other interested parties to discuss this matter. Mr A. Smith, chief executive, was authorised to brief counsel.

Mr Brining reported that claims had been received from 29 FPCs under stage II of the Essential Small Pharmacies Scheme and it was unlikely that the cost incurred would exceed £30,000. The committee agreed that authority be given for the payment in full of claims under stage II.

The Committee considered a revised Form FP66(a). No provision had been made for a journey to a patient when the cylinder head set was not functioning correctly. PSNC is to tell the Department it approves the form subject to the inclusion of the additional item under the heading "purpose of journey".

The Committee considered the PSNC constitution in the light of the resolution passed at the conference of LPC representatives (C&D, December 2) and was particularly concerned with the current allocation of areas to electoral regions. The office is to prepare a memorandum dealing with the resolutions which were passed at the conference for consideration at the January meeting.

The Committee considered the letter on form FP34 part B reported at the conference in which the Department stated it was sympathetic to the request for more information to be provided to contractors; the Committee accepted the Department's proposals. It was agreed that the Society of Family Practitioner Committees be asked to recommend the use of a suitable standard format for FP34 part B.

The Committee considered a letter from the Pharmaceutical Society concerning draft guidelines for a pharmaceutical technician's certificate. Concern was expressed at the possibility of an inferior "pharmaceutical" qualification receiving official status. The qualification could be compared with the City & Guilds examination syllabus. Three members of the PSNC were to attend a meeting with representatives of the Technician's Education Council on December 13.

The Committee agreed with the Society that a joint approach be made to the Department for an ostomy appliance record cards scheme.

The Committee considered whether to make representations for the inclusion of

incontinence pads in Part VI of the Drug Tariff but it was agreed to approach the doctor's representatives first.

Smith & Nephew Ltd are introducing a 5cm x 5cm size of Chlorhexidine Tulle Gras and the Committee agreed to its inclusion in Part VI of the Drug Tariff.

Successful representations have been made for an index to be included in the 1979 Drug Tariff.

The chairman and chief executive reported on a meeting they had with Taylor Nelson Ltd concerning a market research survey. The Committee decided to advise contractors not to co-operate in such surveys.

Mr Brining referred to proposals by the Department, relating to a statistical exercise on the price change procedure. The Committee accepted the offer of the Secretary of State to carry out a joint inquiry into the relative price movements of fast and slow moving drugs.

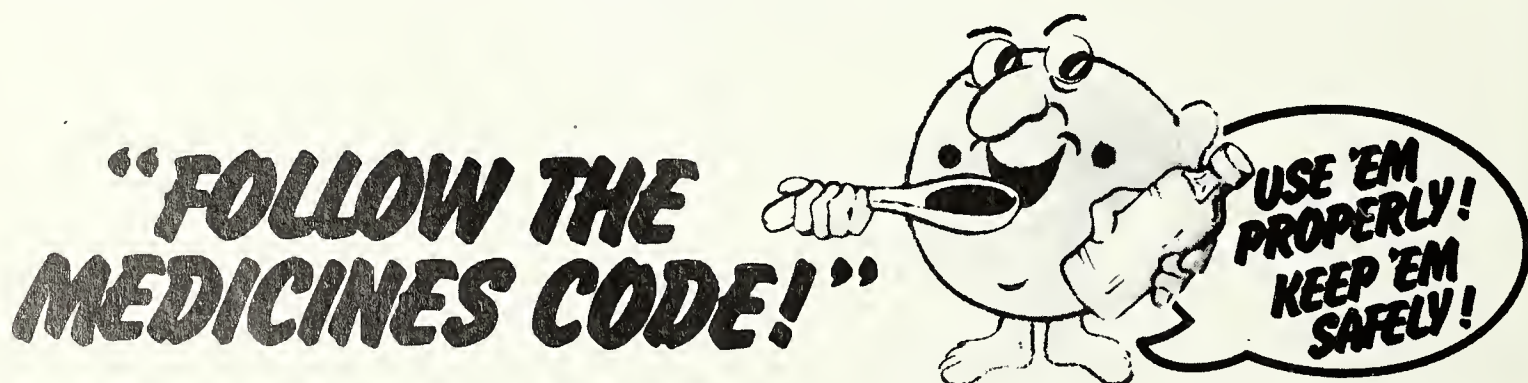
No commitment after remuneration review

The Secretary for Social Services, Mr David Ennals, will not commit himself to be bound by the recommendations of the independent review panel on pharmacists' remuneration. Asked in the Commons last week for a firm commitment and his reasons for any refusal, Mr Ennals told Mr John Ovenden he did not believe it in the interests of either party to agree in advance to be bound and to rule out the possibility of further negotiation. Mr Ennals said, however, he would "be disposed to accept advice on this complex subject given to the Pharmaceutical Services Negotiating Committee and myself by an independent panel."

Register gains 11

For the third month running there was a net gain of pharmacies on the Pharmaceutical Society's Register of Premises—one in September, three in October and 11 in November. In England, in November, 24 opened up, eight of which were in London and 15 closed down, four being in London. One opened up in Wales, and in Scotland four opened up and three closed down.

The cartoon character to be used on the promotional material for the Health Education Council's "Respect for medicines" campaign to be launched on February 5, 1979. The "medicines code" is explained in leaflets; also available will be a bookmark, sticker and shelf talker. Samples will be sent to pharmacists after Christmas with the request that they order from the HEC



Joint plans for rational location to Department

A joint submission by the Pharmaceutical Society and the Pharmaceutical Services Negotiating Committee on the rational location of pharmacies is to be sent to the Department of Health.

The Society's Council agreed at its December meeting last week to point out to the Department that there were areas of difference with the Company Chemists Association and the Co-operative Pharmacy Technical Panel. The Health Minister is to be asked to call a meeting of all interested parties to try to reach agreement on the matter.

NPA complains of new VAT Form 100

The National Pharmaceutical Association has complained to the Customs and Excise about the new "simplified" VAT form 100.

When the new form was announced, it appeared to the NPA that the figures to be entered in boxes 11 (total outputs exclusive of VAT) and 12 (total inputs) would be those previously entered in boxes 16 and 17. NPA has since learned that different figures are required.

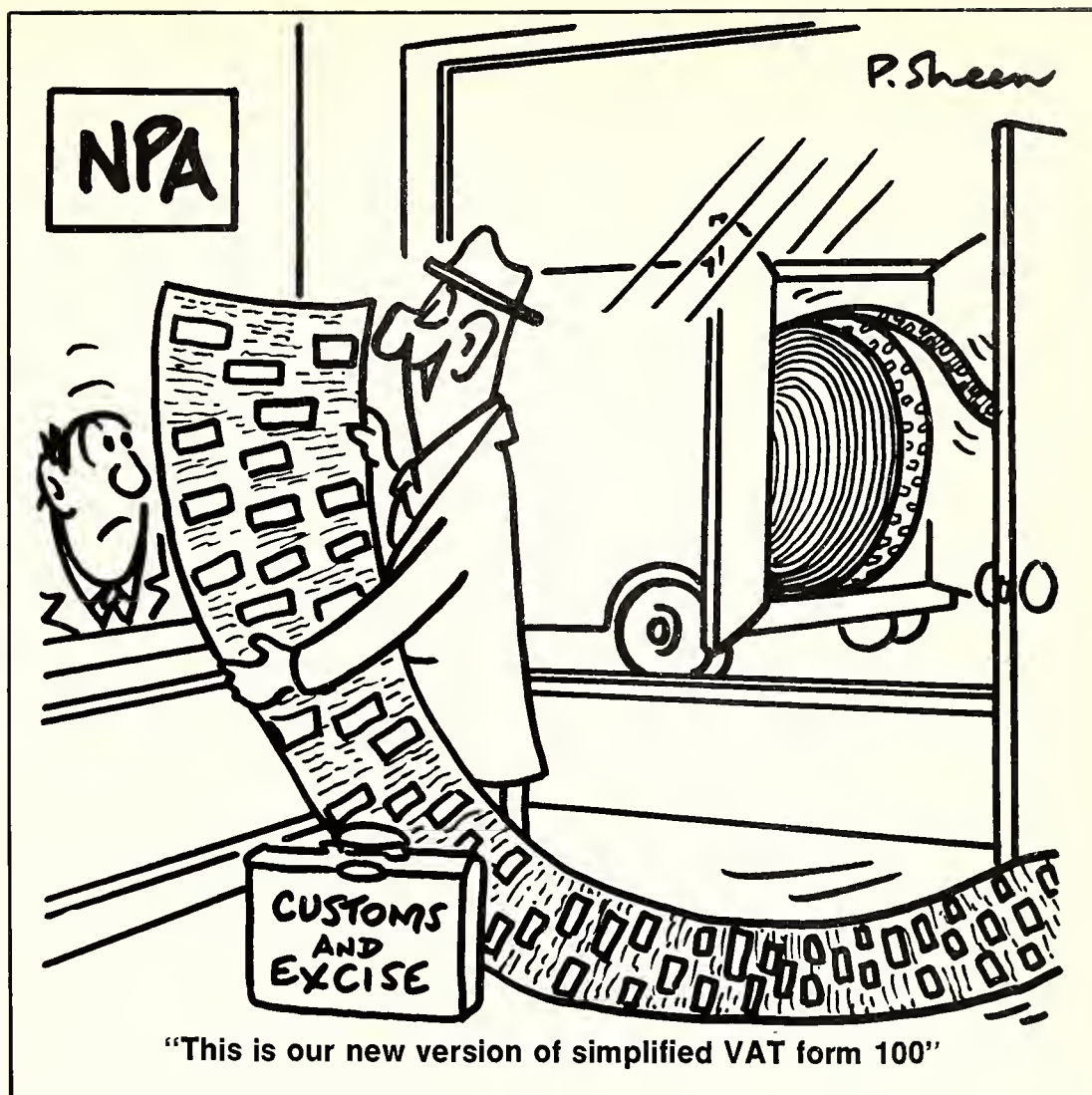
"It is clear that completion of the new form will involve a large number of members in considerable inconvenience and, no doubt, confusion," writes Mr T. Astill, NPA's deputy secretary, in a letter to the Customs & Excise chairman. "The requirement that the figures entered in boxes 11 and 12 should include the value of exempt supplies and supplies outside the scope of the tax will involve changes in our system which will be difficult to explain to our members and which will involve, amongst other things, reprinting our cash book. Quite frankly, we cannot see that the additional information is likely to be of any major benefit to Customs and I hope very much that, on reflection, you will agree that those traders who wish to do so may complete boxes 11 and 12 as they previously did boxes 16 and 17."

The NPA is advising members to make the changes originally asked for (*NPA Supplement* May/June 1978, and in the revised 'summary sheets now being sent).

Combined Christmas C&D issues

The next two issues of *C&D* will be published as one dated December 23/30. Classified advertisements may be submitted up to 12 noon and editorial copy up to 5pm on Monday, December 18.

16 December 1978



Household medicines spending up 5p

The average family expenditure on medicines and surgical goods per week during 1977 was 30p, an increase of 5p on 1976 and representing 0.4 per cent of the total £71.84 spent. The average net household income for the same period was £75.27, according to the Family Expenditure Survey 1977 (HM Stationery Office, £4.75) published last week. The pattern was little changed from the 1976 survey results.

Spending on toilet requisites, cosmetics etc, averaged 74p (1 per cent) and optical and photographic goods occupied 32p (0.5 per cent). Spending on those two groups of products rose approximately with the income of the household. Medicines and surgical goods expenditure, however, fluctuated between income groups.

Broken into quarterly periods medicines and surgical goods expenditure was fairly consistent peaking in the third quarter. Toilet requisites and cosmetics, however, increased from 59p in the first quarter to 98p in the fourth. Optical and photographic goods increased to 39p in the third and fourth quarter from 23p in the first.

Regionally the highest expenditure on medicines and surgical goods occurred in the south east (36p) and the lowest in Northern Ireland (18p). For toilet requisites, cosmetics etc, the south east gained the highest expenditure (80p) and south west and Wales the lowest (62p). For optical and photographic goods Greater London spent most (41p) and

East Anglia the least (18p).

Medicines and surgical goods include: NHS charges for prescriptions, appliances and spectacles; medicines, lotions, surgical goods, dressings and appliances (not NHS). Toilet requisites, cosmetics, etc include: cosmetics, toilet soap, toilet paper, shaving soap, razors, toothpaste, toothbrushes and hair brushes. Optical and photographic goods include: spectacles (not NHS), binoculars, microscopes, cameras, and D&P charges and studio photographs.

October sales

Chemists and photographic goods dealers' sales rose by 18 per cent in October 1978 to an index number of 270 (1971=100) compared with an increase of 14 per cent for all retailers. Sales by independent chemists also increased by 18 per cent whereas those of independent retailers in general rose by 11 per cent. National Health Service receipts are excluded. The average level of trade in the first 10 months of 1978 was about 4½ per cent above the annual average for 1977.

Script charges

Answering Mr Laurie Pavitt whether prescription charges would be phased out for all persons who have suffered a coronary thrombosis or a cardiac condition necessitating permanent medication, Mr Roland Moyle, Minister for Health, said the present list of specified conditions was the maximum on which successive governments have been able to reach agreement with representatives of the medical profession.

Chemist & Druggist 977

IPU sets out criteria for GMS contract limitation

The Irish Pharmaceutical Union has sent a remuneration claim to the Minister of Health on behalf of General Medical Service contractor pharmacists. Included with the claim are proposals for criteria in granting GMS contracts.

Drawing the attention of Minister, Mr C. J. Haughey, to the need for efficient and effective pharmaceutical service, IPU says it is imperative that the best return of the State's investment be achieved through proper utilisation of trained pharmacists.

It is proposed that all applicants for new contracts: —

- ☐ Be pharmaceutical chemists, except in the case of a contractor pharmacist's death, where satisfactory arrangements for the continuation of the practice have been made, that the contract be renewed with the spouse, reviewable annually;
- ☐ Have had a minimum of two years appropriate pharmaceutical employment in Ireland immediately prior to the date of application (in addition to pre-registration training);
- ☐ Provide suitable premises and equipment in locations approved by a committee representative of the Department of Health, the Health Boards, IPU, and the Pharmaceutical Society of Ireland;
- ☐ Be refused dual capacity contracts, for example, doctors holding General Medical Practitioner contracts would not be given pharmaceutical contractors' status regardless of qualification.

Where the proprietor of an existing pharmacy with a GMS contract changes the business structure, for example, from private ownership to company, wholly within his own family or vice versa for fiscal reasons, it is proposed that the contract be renewed in the name of the pharmacist principally involved. Also the need for further pharmaceutical service in an area should be proved by an applicant contractor on agreed criteria to be established by the joint committee.

Moratorium on new contracts

Pending negotiations between the Department and IPU the latter requests that a moratorium be placed on the automatic issue of new contracts.

The union points out that up to the present time the location of a new pharmacy in an area has depended on commercial viability irrespective of the social need for a pharmaceutical service. That has resulted in agglomeration in great numbers in cities and larger towns to the detriment of smaller communities whose right to a service is no less than that of the urban community. Hence the need for a controlled entry to GMS contracts. Such a system would be essential to preserve the best standards of pharmaceutical practice in the scheme which demands a total professional com-

mitment on the part of the contractor pharmacist and goes beyond the simplistic understanding of the "supply of drugs and medicines".

IPU is concerned that if present trends continue, the commitment may be diluted by having to be involved in further commercial activity which has been reflected in a less than optimal standard of service. The Union also says that because of the considerable demands on pharmacists in terms of investment in the GMS, on a fee only basis, they are entitled to reasonable security.

The document suggests that pharmacies located in supermarkets were rarely conducive to a proper pharmaceutical environment. For example, they were often unable to dispense urgent prescriptions at night and were not in a position to participate in rota, after hours or emergency services.

Remuneration

Turning to remuneration and the basic professional fee IPU says the quality of pharmaceutical service is directly proportional to the contentment of those who provide it. Therefore a fee of 67p is required and includes a sum to compensate for the erosion of private practice by transfer to the GMS scheme. The major portion however derives from updating, in line with wages agreements, the fee of 45p recommended by the independent review body in 1975 but not given by the Department. An additional element allows for each pharmacist to keep up to date, ordinarily through post-graduate education. Provision for retirement benefits and employment of substitute professional staff during periods of illness is also included.

Allowances should be raised to 17p to compensate for expenses in:—

- ☐ Premises based on a notional rental per square foot in line with current rental value;
- ☐ Establishment overheads—including light and heat, rates, insurance, audit expenses, leasing of pharmacy equipment, depreciation of fixtures and fittings, repairs, telephone, postage;
- ☐ Interest costs—from borrowing to finance stock, debtors, purchase of fixtures and fittings. The claim also allows for an average of two months delay in the payment of GMS accounts;
- ☐ Salaries, wages, pensions, social welfare and pay related costs of non-professional support staff—to account for time and expertise devoted to the scheme.

IPU say the claim for allowances is in reality a claim for the refund of expenses incurred by contractor pharmacists. The refund of such expenses is normal practice in all spheres of operation whether services are provided through direct labour or under contractual arrangements.

Proposed new rates

Basic	£0.67
Urgent or late	£1.68
with up to £10 per form depending on residence and time	
Measuring and fitting	£2.52
Dressings up to 3 items	£0.84
each additional 3 items	£1.68
Extemporaneous dispensing	£1.68
Extemporaneous for ointments	£2.52
DDA	£1.68
Coding allowance	£0.02
Rota service per hour	£10
Allowances	£0.17

IPU believes the Department should relieve contractor pharmacists of the burden of financing GMS stocks and delay in payments by increasing the amount of the advance to the value of two months cost of drugs dispensed.

Proposals for special fees include:

☐ Urgent fees—prescriptions marked urgent by the prescriber and dispensed outside contract hours should attract twice the basic fee and allowances per item in addition £1 per form to a resident pharmacist and £3 for a non-resident from the end of ordinary hours up to midnight. From midnight to 8am an additional £3 for resident and £10 for non-resident.

☐ Late fees—for prescriptions presented outside normal hours and in circumstances in which the pharmacist in his professional judgment considers immediate dispensing to be in the patients interests—as for urgent;

☐ Measuring and fitting fees—elastic hosiery and other appliances—double the basic fee and allowances in addition;

☐ Dressings fees—basic dispensing fee and allowances;

☐ Extemporaneous fees—double the current basic fee and allowances with the exception of ointments where treble is claimed. The ingredient cost element of extemporaneously dispensed items has not been changed since 1972 and IPU want new negotiations to take account of increases over the past six years;

☐ Dangerous Drugs Act fee—twice the basic fee and allowances;

☐ Early payment for high cost items—claims would be submitted and paid immediately for items of £20 or more;

☐ Coding allowance — a responsibility falling directly on the pharmacist and therefore 2p per item is claimed;

☐ Rota services—a fee of £10 for each hour on an agreed rota basis.

NI MDA prohibition

The Department of Health, Northern Ireland has given a direction, under the Misuse of Drugs Act 1971, prohibiting Dr Ross Muir, health centre, Ballywalter, co Down from having in his possession, prescribing, administering, manufacturing, compounding and supplying and from authorising the administration and supply of Controlled Drugs.

by Xrayser

New Fellows

Two of the staff of the twenty-seventh edition of Martindale, The Extra Pharmacopoeia have been designated Fellows of the Pharmaceutical Society. Mr Ainley Wade, editor of that edition and now general editor of scientific publications and Mrs Anne Prasad, editorial assistant and now assistant editor of the twenty-eighth edition were appointed Fellows for distinction in the profession of pharmacy. Another headquarters new Fellow is Mr Gordon Appelbe, recently appointed head of the law department. Mr John Balmford and Mr David Sharpe, president and vice-president of the Pharmaceutical Society were also honoured.

Other new Fellows are Ronald Coutts (Canada), Charles Cumming (East Lothian), Thomas Gover (Surrey), James Jack (West Sussex), Roy Jones (Mid-Glamorgan), Reginald McBride (Midlothian), Brian Newbould (Norwich), Francis Rawlings (Bristol), Bernard Silverman (Nottinghamshire), Paul Spencer (Cardiff), Nii Tagoe (Ghana), Leslie Young (USA). John Newstead of Norwich was designated a Fellow for distinction in the history of pharmacy.



Mr Ron Raggett, general sales manager, Cow & Gate, retired after 50 years of service with the company. He was presented with a special Wedgewood cruet set, produced to commemorate the 50th anniversary of Cow & Gate, by Mr Ian Barber, chairman of Unigate International division (picture above).

Deaths

Ross: On December 2, Mrs Margaret Ross of Riding Mill, Northumberland. Mrs Ross qualified in 1933.

News in brief

- Chemist and appliance suppliers in Scotland, in August, dispensed 2,760,305 prescriptions at an average gross cost of £2.45 per prescription.
- Chemist contractors in England in August dispensed 23,833,636 prescriptions (14,428,401 forms) at a cost of £53,096,025 representing an average cost per prescription of £2.21.

Not naughty boys

In the past we have all seen examples of blatant advertising of pharmaceutical services. That these have given real offence, is not in doubt, since most of those affected felt that a reprimand—mild or strong was too easy, because damage had been done. Many would like to see unscrupulous offenders struck off. The simple answer could be that anyone who advertises using the words, "pharmacy," "chemist," "dispensing," or the letters "MPS" should automatically have his name removed from the Register, unless the copy has received prior clearance from the Pharmaceutical Society itself.

However, while upholding a hard line against the advertising of our professional services, I think it is clear that for the long term survival of independent pharmacy we must have the freedom to advertise our retail goods and to tell the public where they may get them by describing our premises by the one universally understood word "chemist". It is the matter of context which is the problem. Some objectors, not generally involved in our retail survival, say that any use whatever of "chemist" is automatically an advertisement of our professional services.

That is a matter of opinion, but I believe most of us would welcome a carefully guarded relaxation of the rules governing the use of the word so that we could identify the kind of shop where the goods we offer might be obtained. But until we have this modest relaxation, we will have respectable and honest men receiving reprimands from their professional body for actions which are only normal commercial practice, and which no one in their senses could call unprofessional. These are not the naughty boys of pharmacy, to have their hands smacked. It is up to us to make the change which will recognise the needs of the retail membership in 1979.

Beecham benefit

We received an intriguing letter from Beecham Proprietaries this week concerning Badedas Vita bath gelee. In tortuous English it explained that along with a price increase notified in July, Beecham intended to reduce the amount of product in each container, so that customers would not only have to pay more—and at about £8.00 a litre, Badedas can hardly be called the bargain bath of the year—but will now only get 900ml for their money. Which means that in future for every 9 litres packed, Beecham will pick up another fiver. This is called "greater production efficiency" and no one could disagree with that!

But the nicest twist has yet to come, since approval for this change (we are not told whose approval) was not given until after the Christmas cartons showing the original quantities had been printed, and so it was decided to fill 'em up to the old levels. One can only surmise that it was cheaper to do this than to get new cartons, but as cartons cost at most some 5p each we must form our own conclusions as to the manufacturing cost of bath gelee. Sometimes I think I am in the wrong business. I'll bet there were some red faces at Beecham over this giveaway.

Hostility pay

A notice in the *Daily Telegraph* a while ago stated that the white collar staff at the Windscale nuclear plant in Cumbria are to receive £2 a week extra for the psychological pressures they suffer because of public hostility. And it was awarded by ACAS! I reckon we would do well to put in a claim ourselves: "Due to the psychological pressures caused by the knowledge that we were being put out of business because of the hostility of the Department of Health."

COUNTERPOINTS

Day Nurse cold remedy on test market

Day Nurse, a daytime medication for the relief of major cold symptoms without sedative side effects has been introduced on test market in the Yorkshire and Tyne Tees television areas, by Beecham Proprietarys. Each 20ml dose contains paracetamol 500mg, ascorbic acid 60mg, phenylpropanolamine hydrochloride 25mg, dextromethorphan hydrobromide 15mg and alcohol 3.08ml in a syrup base. Maximum daily dose is 4 x 20ml.

Day Nurse (160ml, £0.96) will be advertised on television in these test areas in the new year and counter display units are available twinning the product with Night Nurse. *Beecham Proprietarys, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.*

Holiday closings

Armour Pharmaceuticals Co Ltd: will be closed from 12.00 noon Friday, December 22 until 9.00 am Tuesday, January 2. Skeleton staff will be on duty for urgent orders only from December 27.*

Biorex Laboratories Ltd: from 2.00 pm on Friday, December 22 until 9.00 am Tuesday January 2.

Ciba—Geigy Pharmaceuticals: from 12.00 noon Friday, December 22 until 9.00 am Wednesday, December 27 and from 5.30 pm Friday, December 29 until 9.00 am Tuesday, January 2.*

Dendron Ltd: from Thursday, December 21 until Wednesday January 3 inclusive.

Geigy Pharmaceuticals: from 12.00 noon Friday, December 22 until 9.00 am Monday, January 1.

M.C.P. Pharmaceuticals Ltd: from 1.00 pm Friday, December 22 until 9.00 am Wednesday, January 3.

Merck Sharp & Dohme Ltd: from 12.00 noon Friday, December 22 until 9.00 am Tuesday, January 2.

Paines & Byrne Ltd: from 4.00 pm Friday, December 22 until 9.00 am Thursday, January 4. Skeleton staff for urgent orders available on December 27, 28, 29 and January 2 and 3 between 9.00 am and 12.00 noon.

William Ransom Ltd: will be closed from 5 pm, December 22 until 8.30 am, January 2.

Sandoz Products Ltd and Wander Pharmaceuticals: from 12.00 noon Friday, December 22 until 8.00 am Tuesday, January 2.*

E. R. Squibb and Sons Ltd and Squibb Surgicare Ltd: a sales service (Moreton site) will be available between 10.00 am and 1.00 pm and 2.00 pm and 4.00 pm on December 27, 28 and 29. An Ansaphone service (051-677 2201) will operate at all other times from 5.00 pm on December 22 until 9.00 am on January 2,

1979, when a full service will be resumed. An emergency line is available at all times on 051-677 0171. Medical information services available on December 27, 28 and 29 from the Twickenham office (01-892 0164).

Upjohn Ltd: will be closed from 12.30 pm December 22 to 9 am, December 27.*

*Emergency supplies available from John Bell & Croyden, 50 Wigmore Street, London W1.

Small wheatheart



Wheatheart, marketed under the Frey brand name by Health & Diet Food Co Ltd, is now available in 1lb pack (£0.59) size. Wheatheart is lightly toasted wheat-germ with honey added. It can be eaten on its own, says the company, or sprinkled over cereal or used as a topping for ice-cream. *Health & Diet Food Co Ltd, Seymour House, 79 High Street, Godalming, Surrey GU7 1AW.*

Film replacement

Polaroid are offering to replace unsatisfactory photographs—whatever the complaint—with a new film. Customers need to save sufficient snaps to make a film's worth, for example, ten if a replacement SX70 is required. Photographs should be sent to the Polaroid customer service department when a film will be returned with a voucher offering a repeat replacement. Similar vouchers are being included with cameras for Christmas sales. *Polaroid (UK) Ltd, Ashley Road, St Albans, Herts.*

Listermint on TV

The recently introduced Listermint antiseptic mouthwash is to be promoted in another television campaign in the London area, the second since its launch in September. The new campaign which runs for five weeks will start on Boxing Day. *Halls Hudnut, Woodside Avenue, Eastleigh, Hants SO5 4QD.*

Body Mist is reformulated

Beecham Toiletries say that they have improved Body Mist, "to maintain its position as the UK's leading feminine anti-perspirant." The improvement is a reformulation of the base making the fragrance fresher and lighter.

"Market research has shown subtler fragrances are now attracting an increasingly high proportion of users, and the reformulation, which is boldly flashed on-pack, should create an even greater demand for the variants", says Beecham marketing manager, Roger Holden. "The whole range of aerosols, roll-ons and squeeze packs will be supported throughout 1979 by a heavyweight programme of advertising and promotions." *Beecham Proprietarys, Beecham House, Great West Road, Brentford, Middx TW8 9BD.*

Conceptrol sales

Conceptrol Shields which were discontinued in 1975, carried an expiry date which has now been reached. All product previously supplied by Ortho Pharmaceuticals has now expired and any left on the market should be destroyed. The company stresses that it can no longer accept any responsibility for sales of this product. *Ortho Pharmaceuticals Ltd, PO Box 79, Saunderton, High Wycombe, Bucks.*

ON TV NEXT WEEK

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

Alka Seltzer: All except M

Anadin: All except U, E

Badedas: Ln, NE

Beechams powders: All except E

Blue Stratos: All areas

Braun: All areas

Buttercup: M, Y, NE, WW, Sc

Galloways: Ln, So, A

Head & Shoulders: All except E

Kleenex for men: All areas

Ladyshave: All areas

Liquifruta: All areas

Macleans: All areas

Mandate: Ln

Medinite: All areas

Mentho Lyptus: All except U, E

Oil of Ulay: All except E, CI

Old Spice: All areas

Pure & Simple: All areas

Philishave: All areas

Silvikrin hairspray: All areas

Sinex: All areas

Sucrets: Sc

Veno's: All except E

Zest: M, Lc, B, Sc

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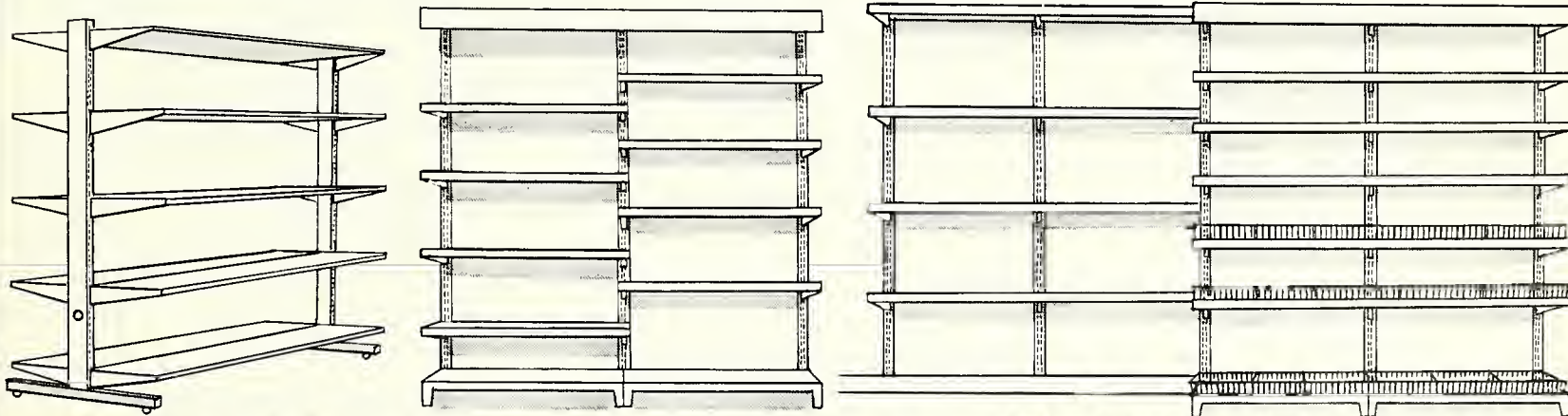
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Ex-Lax Chocolate Laxative Trial Medium Economy Junior	6 tablets 18 tablets 36 tablets 9 tablets	1 dozen 1 dozen ½ dozen 1 dozen	£1.83 £3.75 £5.90 £1.91	0.22p 0.45p 0.71p 0.23p
Ex-Lax Laxative Unflavoured Pills	18 pills 42 pills	1 dozen ½ dozen	£3.49 £5.90	0.42p 0.71p

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COUNTERPOINTS

Braun shaver accessories are repackaged

Braun UK have introduced new packaging for their shaver foils and cutter blocks, colour coded, they say, for easy identification. The packages, in silver and black, carry a sketch of the shaver model to which the part applies simplifying consumer selection. *Braun Electric (UK) Ltd, Dolphin Estate, Windmill Road, Sunbury-on-Thames, Middlesex.*

Tudor TV bonus

Tudor are offering dealers a 14in portable colour television free or a 31 per cent discount on their bumper flashpack. Costing £688.80 it includes 400 x 3 Magi X cubes, 250 x 3 flashcubes, 60 SX70 flashbars and 60 flip flash. Dealers are also offered a free radio with every 72 Denim photo albums (£1.95) an addition to the range. The albums also carry free enprint vouchers. Collage frames, (£2.95) another addition, display 10 prints through cutouts. *Tudor Photographic Group Ltd, 30 Oxgate Lane Industrial Estate, London NW2 7HU.*

Numark in January

Advertising in the *Daily Mirror*, *Daily Record*, *Womans Own*, *Womans Weekly* and the *Weekly News* as well as on Ulster television will back the Numark promotions running in store from January 15 to January 27—pure Silvikrin; Vosene; Kleenex For Men; Mum Rollette complete and refill; Alberto Balsam conditioner; twin blade Gillette disposable razor 3s; Colgate dental cream; Harmony hair spray; Revlon Flex shampoo and conditioner.

Supplementary lines on promotion will include Kotex Soft'n'Sure; Kleenex Boutique tissues; Nulon hand cream; Gerber baby food strained and junior fruit desserts; Delph lemon skin freshener and lemon cleansing milk.

Optional extras will include Night Nurse, Aspro Clear, Feminax and Ralgex. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster.*

Vestric promotions

Vestric promotions for January include: Johnson & Johnson baby powder, cotton buds and Band Aid clear and waterproof, Colgate dental cream, Kotex Simplicity, mini pads, Night Nurse, Recital, Dr White's, Lil-lets mini, regular, super and super plus, Sanatogen multivitamin "pillar pack," Roskens hand cream "display pack," Simply for skin cleansing lotion, freshener, moisturiser and night care cream, Hair Factor 9, Aspro micro-fined, Aspro Clear, Kleenex regular soft



white, bright & beautiful, and chiefs, Odor Eaters (twin pack), Libresse Pennywise, Zubes, Rocket syringe insulin NHS, thermometer clinical with stubby bulb, Dettol antiseptic and cream, Tufty Tails and Tufty Tail pants, Woodleigh green shampoo and green soap, Philips Ultraphil lamp, hair dryer, electric blanket and Infraphil lamp. *Vestric Ltd, Chapel Street, Runcorn, Cheshire WA7 5AP.*

Bounty go pre-natal

Bounty Services Ltd are launching a new service for manufacturers in the New Year. After operating a purely post-natal sampling service for 18 years, Bounty is going pre-natal. Mr Alan Manhood, development director is to organise the scheme which will operate through ante-natal clinics. The sample packs will contain products for mother to use both for herself and her baby, including creams, cleansing lotions, teats, baby foods, disposable nappies. *Bounty Services Ltd Vines Road, Diss, Norfolk.*

PRESCRIPTION SPECIALITIES

FERROCONTIN and FERROCONTIN FOLIC Continus tablets

Manufacturer Napp Laboratories Ltd, Hill Farm Avenue, Leavesden, North Watford, Herts

Description Ferrocontin—red, film-coated containing the equivalent of 100mg of ferrous iron as ferrous glycine sulphate in a controlled release system. Ferrocontin folic—pale orange film coated containing the equivalent of 100mg ferrous iron and 0.5mg folic acid

Indications Ferrocontin—treatment and prophylaxis of iron deficiency anaemia. Ferrocontin folic—prophylaxis of iron and folic acid deficiencies during pregnancy

Dosage One tablet daily or as directed by physician. To be swallowed whole

Storage In cool dry place protected from light

Packs 30s; 250s (£0.50; £3.50 trade)

Supply restrictions Ferrocontin—Pharmacy Only. Ferrocontin folic—Prescription Only

Issued January 8, 1979

Tenavoid licence

The product licence holder of Tenavoid has recently changed from Leo Laboratories Ltd to *Edwin Burgess Ltd, 27 Uxbridge Road, Hayes, Middlesex.*

Warner pack sizes

The following pack sizes of William Warner products are now effective. Saroten tablets 25mg (100, £1.76 trade); Tedral suspension (200ml, £0.785); Rinurel linctus (200ml, £0.94). *William R. Warner & Co Ltd, Eastleigh, Hants.*

Evacalm tablets

Evacalm tablets containing diazepam 2mg and 5mg have been introduced by Unimed Pharmaceuticals Ltd. They are available in packs of 1000 (£4.50, £6.80 trade). *Unimed Pharmaceuticals Ltd, 24 Steynton Avenue, Bexley, Kent.*

Melleril in 500ml

In response to demand Sandoz Products Ltd are making available a 500ml bottle of Melleril syrup (£2.31 trade). Each 5ml contains 25mg thioridazine base equivalent to 27.5 mg of thioridazine hydrochloride. *Sandoz Products Ltd, PO Box Horsforth No. 4, Calverley Lane, Horsforth, Leeds LS18 4RP.*

Utovlan tablets

Utovlan tablets by Syntex Pharmaceuticals Ltd were spelt wrongly last week, p964. We were also incorrectly informed of the trade prices. They should be—100, £7.85; 1,000, £63.04. *Syntex Pharmaceuticals Ltd, St Ives House, St Ives Road, Maidenhead, Berks.*

Irish Melleril

Sandoz Products Ltd wish to inform Irish pharmacists that Melleril 10mg tablets are not overprinted with "Sandoz" as shown in the current data sheet. *Sandoz Products Ltd, PO Box Horsforth 4, Calverley Lane, Horsforth, Leeds.*



'What do you mean, you've sold out of Murine?'

"It's like this you see. Murine eye-drops had this bright idea of doing their biggest ever promotion.

They started off by putting their ads on the underground. Two to a carriage. Every carriage! And you'd certainly have to have tired eyes to miss those!

They're on Capital Radio too.

Plus a big, big Christmas Competition with a whole host of prizes that would brighten up anyone's day.

And cleverly calculated to get any of the millions of people in the London area rushing out for a bottle of Murine.

I really thought I was seeing things.

But when I reached for the Murine, there wasn't a single pack left"

MURINE[®]

refreshes tired sales



Oral-B A habit they'll n

The day a baby acquires its first teeth it should start to learn a new habit, Oral-B. A good habit to last a lifetime. Because Oral-B have the only complete range of professional toothbrushes to cater for every member of the family. All scientifically designed by dentists for thorough plaque removal and gentle gum stimulation.

Oral-B toothbrushes have small heads of gentle round-tipped, high quality nylon filaments, fine and flexible to reach between crevices. And all have a straight handle to allow the careful guidance needed for thorough brushing of the teeth.

They come in six sizes. The Oral-B 2 Row for babies. Oral-B 20 for children. Oral-B 30 for adolescents. The Oral-B 35 & 40 are the toothbrushes most highly recommended for adults by dentists. While the Oral-B 60 is for customers who prefer a larger brush – but most recommended for dentures.

Oral-B is the only complete range of toothbrushes fully endorsed by the dental profession. So doesn't it make sense to stock them? Ensure your customers stay with Oral-B – the world's largest selling professional toothbrush.



-B. ever grow out of.



Oral-B

The world's first name in dental care

Advances in therapy 1978

by C. R. Day FPS

"Research and innovation are an essential and valuable part of the pharmaceutical industry and we must not put unnecessary restrictions in their way. But it is no easy task to decide what constitutes an acceptable risk when a potentially life saving medicine is discovered, and we have had some fairly shattering experiences from time to time which make us wary." Mr David Ennals, Secretary for Social Services, at the opening session of the 1978 British Pharmaceutical Conference.

Despite the implications conveyed in these remarks, research-based companies have been forced to increase their research and development staffs in order to comply with government restraints. Some feel that the emphasis of official restrictions may be misdirected and so result in increasing costs that are difficult to recover. Nonetheless no new agent can today or in the immediate future be marketed at a figure that does not include a considerable percentage of the price to offset the increasing cost of innovation.

Cardiovascular drugs

That versatile drug, aspirin, has been found to offer yet another benefit to man. Given in a dose of 0.6g twice a day it is reported to reduce significantly the incidence of post-operative venous thrombosis in patients undergoing total hip replacement; as a result of this finding, the authors suggest that aspirin should be studied as a prophylactic against venous thromboembolism in other surgical procedures. Another important study has shown that aspirin given in a dosage of 325mg four times a day reduced the risk of death or stroke by 31 per cent in patients who had a threatened stroke (*New Engl J Med*, 1978, 229, 53).

In both these studies the useful effect of aspirin was unexplainedly limited to males. Sulphinpyrazone (Anturan) which like aspirin has an inhibitory action on platelet function, was found in the latter study to have no significant effect. The inhibiting action of aspirin on platelet function *in vitro* has led to the evaluation of it and other drugs in antithrombotic effects in man. Platelet aggregation and release action (whereby platelets release substances which lead to further aggregation) are prevented by aspirin, possibly by prevention of the synthesis of prostaglandins.

This may be an appropriate place to mention the suggestion that raised levels of prostaglandin are involved in the pathogenesis of primary dysmenorrhoea and that drugs having an inhibiting action on prostaglandin synthetase, eg flufenamic acid (Arlef) might be effective in this condition. Kapadia and Elder (*Lancet*, 1978, 1, 348) found that flufenamic acid 200mg thrice daily gave significant pain relief in 82 per cent of 44 patients; symptoms such as vomiting and diarrhoea were eliminated in 52 per cent of patients. These workers consider the

fenamates to be a great improvement over the powerful analgesics for primary dysmenorrhoea as they may prove habit forming, also over the oral contraceptives, the use of which is unjustified unless contraception is desired.

Returning to cardiovascular drugs, captopril is a compound undergoing clinical trial in the management of essential and renovascular hypertension. It inhibits the angiotensin-converting enzyme and so prevents the conversion of angiotensin I to angiotensin II but its precise action in reducing blood pressure is unknown. Captopril is reported to have reduced the blood pressure of 12 hypertensive patients, some of whom were refractory to traditional therapy, in doses of 400-1000mg daily (*New Engl J Med*, 1978, 298, 991).

Indapamide (Natrlix) is another antihypertensive with an action involving a lowering of peripheral resistance. A single daily dose of 2.5mg should be given; increased dosage is inadvisable as there may be no extra antihypertensive effect but rather an unwanted diuresis. If there is insufficient fall in the blood pressure with indapamide alone, another antihypertensive may be added.

A new diuretic undergoing trial in this country is tienelic acid (ticrynafen in US). Chemically, it is similar to existing diuretics, but pharmacologically it differs in having a uricosuric action. The diuretic effect of tienelic acid is similar to the thiazides but the latter can give rise to hyperuricaemia which in turn may cause gout. There are suggestions of an association between hyperuricaemia and coronary heart disease, therefore tienelic acid is felt to be a useful therapeutic prospect for hypertensive patients with endogenous or drug-induced hyperuricaemia. Routine liver function tests are advised during therapy with this drug.

An inotropic agent (a drug which increases the force of the heart beat) structurally related to noradrenaline and isoprenaline is dobutamine (Dobutrex). It is supplied in 5ml ampoules for intravenous injection to give support in the management of cardiac failure associated with myocardial infarction. The solution must be diluted before use and the dose rate is controlled according to patient response.

Centrally-acting drugs

Nomifensine (Merital) is an antidepressant introduced since our last review.

It is indicated in a wide range of depressive states, including those in which anxiety is a feature. The dosage range is 50-200mg daily, starting with 25mg two or three times a day increased to an optimum over 7 to 10 days. Patients receiving antihypertensive therapy with an adrenergic neurone blocking agent such as bethanidine, guanethidine and debrisoquine, may need reestablishing on a higher dosage.

The number of benzodiazepine drugs is increased by the introduction of temazepam (Euhypnos, Normison). This compound is advised as a hypnotic of medium duration (half-life of 5 to 8 hours) for patients with sleep disturbances associated with anxiety and emotional distress. Dosage is 10-30mg orally at bedtime. The usual caution against driving or operating dangerous machinery must be given.

Buprenorphine (Temgesic), an analgesic first reported last year, has now been marketed. The drug is a partial narcotic agonist in which analgesic potency is combined with antagonist properties. It is used to control moderate or severe pain of myocardial infarction, postoperative trauma, and in terminal states of malignancy. Buprenorphine is given intramuscularly or by slow intravenous injection in a dosage of 0.3-0.6mg every six hours or as required. The dependence on buprenorphine is less than on other centrally-acting analgesics.

Another analgesic of recent introduction is nefopam (Acupan). Unrelated chemically to any existing analgesic, and pharmacologically different from both the narcotic analgesics and the aspirin-like compounds, the true mode of action of nefopam is as yet unknown. The drug is an analogue of diphenhydramine and was discovered as a result of a search for a centrally-acting skeletal muscle relaxant. Acupan was found however to have no such effect but a marked analgesic action. It is indicated in acute and chronic pain including postoperative and dental pain, also the pain of acute trauma and malignant states. The oral dose is 30-90mg one to three times daily. A solution for parental use is also supplied. Liver and kidney insufficiency may interfere with the metabolism and excretion of nefopam.

Anti-inflammatory agents

Several substances for the treatment of arthritic conditions have been introduced during the current year. Diflunisal (Dolobid), mentioned in our 1977 review is now well established, while feprazone (Methrazone) and fenclofenac (Flenac) both have their adherents. Both the latter compounds are nonsteroidal anti-inflam-

matory agents with analgesic activity; they are indicated in chronic and sub-acute rheumatoid arthritis and osteoarthritis. It is advised that patients on feprazone should have a blood count performed before and during treatment to monitor the possible appearance of blood dyscrasias. Studies with fenclofenac indicate that it has a lower level of gastrointestinal toxicity than most anti-inflammatory agents, but as with similar drugs caution is necessary in giving it to those with a history of ulceration or other gastrointestinal disturbance.

Levamisole, first introduced in 1965 as an anthelmintic, has been evaluated in a wide range of unrelated diseases. So far it has given the best clinical results in trials in rheumatoid arthritis; it has also shown promise in respiratory infections and in certain malignant states. Levamisole is an immunostimulant but it appears to be effective only when the immune response is reduced as in certain diseases, while it does not stimulate the response above normal levels. Its use in rheumatoid arthritis is restricted to patients whose condition has failed to respond to standard anti-inflammatory agents, and those who might otherwise be candidates for penicillamine or gold therapy, both of which are liable to induce blood dyscrasias. Levamisole itself may in fact cause leucopenia and agranulocytosis, more particularly in rheumatoid cases and less often in cancer. It is anticipated that a licence to market levamisole for the treatment of rheumatoid arthritis will be issued in the not too distant future.

Another drug undergoing clinical trial is indoprofen (*Brit med J*, 1978, 1, 274). This new compound has been studied in a double blind trial in 35 patients with rheumatoid arthritis; the patients were given indoprofen 800mg per day, naproxen 500mg per day or placebo for 14 days. There was pain relief and reduction of inflammation with both drugs, but indoprofen was preferred to naproxen by a significant number of patients. Indigestion was slightly more frequent with indoprofen, otherwise side effects of both drugs were comparable.

Antihistamine agents

The majority of antihistamines currently available have a sedative action, sometimes used clinically, in addition to their basic action against histamine and serotonin-induced effects. Azatidine (Optimine) is offered as a potent antihistamine for hayfever and skin allergies with minimal sedation. It is supplied as tablets and syrup; the adult dose range is 1-2mg twice daily. Side effects, which are usually dose related, include weakness, nervousness, dry mouth, anorexia, nausea, headache, drowsiness, dysuria and blurred vision.

Flunisolide (Syntaris) is a corticosteroid with anti-allergic and anti-inflammatory actions, supplied as a nasal spray for the prevention and treatment of allergic rhinitis, including hayfever. In the dosage used the steroid has a local action on the nasal mucous surface with

minimal associated systemic activity. Overdosage may cause suppression of the hypothalamic-pituitary-adrenal function; care is needed in transferring patients from systemic steroid treatment to flunisolide nasal spray if there is any possibility of an impaired renal function.

Cinnarazine (Stugeron) in use as a labyrinthine sedative in the management of vertigo and associated conditions, when given in an increased dosage—ie 75mg three times a day—is advised for the long term management of peripheral arterial disease, intermittent claudication, muscular cramps and vasospastic disorders. The clinical effect is obtained from the protective action of the drug on arterial smooth muscle from vasospastic agents such as serotonin, bradykinin, angiotensin and noradrenaline. High dose cinnarazine is supplied in capsules of 75mg as Stugeron forte.

Gall-bladder dysfunction

For the dissolution of cholesterol (radio-lucent) gallstones in functioning gall-bladders, chenodeoxycholic acid (Chendol) is given orally in a dosage of 10-15mg per kg body weight daily. Chendol is particularly useful in patients for whom surgery is contraindicated. Small stones may be dissolved after three months treatment but it may be necessary to persevere with the drug for up to two years for large stones. In any case therapy should be continued indefinitely to prevent recurrence. Chendol treatment is ineffective in dissolving stones coated with calcium or those consisting of bile fragments. Diarrhoea is a major side effect and seems to be dose related. In a report by Bateson *et al* (*Lancet*, 1978, 1, 1111) it was found necessary to reduce the dose of 1000mg daily in nine of 40 patients because of diarrhoea and one patient was withdrawn from the trial for the same reason.

Antimicrobial agents

An addition to the list of antibiotics is cefuroxime (Zinacef). It is a cephalosporin antibiotic resistant to the degrading action of the betalactamases; it is indicated for the treatment of infections due to both Gram-positive and negative organisms which are resistant to penicillins and existing cephalosporins, thus reducing the need for potentially toxic combination therapy. Cefuroxime is employed in infections of the respiratory tract, ear, nose and throat, urinary tract, soft tissue, bone and joints; also in septicaemia and meningitis. Zinacef is given only by parenteral injection.

Cefamandole (Kefadol) is another new cephalosporin antibiotic; it is active against many organisms such as *Haemophilus influenzae* (including ampicillin-resistant strains), klebsiella species, staphylococci (including many methicillin-resistant strains), and most anaerobes. It is administered only by intravenous or deep intramuscular injection.

Ceftoxin (Mefoxin) is the first of a new class of antibiotic, the cephamycins. Ceftoxin is a semi-synthetic compound obtained from streptomyces which has

advantages over existing betalactam antibiotics. It is claimed that although some cephalosporins have greater activity than ceftoxin against some bacteria, the new agent has a wider spectrum of activity, mainly because of a widespread resistance to betalactamase enzymes from Gram-negative bacteria. Ceftoxin is active against many aerobic and anaerobic pathogens, including *Bacteroides fragilis*, an anaerobe resistant to most cephalosporins and which is believed to be widely implicated in a number of human infections. Mefoxin is given parenterally in an adult dosage of 1-2g every eight hours. Side effects are said to be mild and transient.

Patients with severe anaerobic infections such as may occur after abdominal and gynaecological operations may now be treated by parenteral metronidazole (Flagyl). A solution for intravenous infusion containing 500mg in 100ml is now available. Dosage for adults is 100ml every eight hours, with oral medication substituted as soon as feasible. What may be a new indication for metronidazole is the treatment of non-specific vaginitis. Workers in America (*New Eng J Med*, 1978, 298, 1429) claim that the cause of non-specific vaginitis is *Haemophilus vaginalis* (a facultative anaerobe), possibly together with other vaginal anaerobes. Clinical improvement and elimination of *H. vaginalis* occurred in 80 of 81 patients receiving metronidazole 500mg twice daily for seven days. Further bacterial and clinical studies are planned to confirm these observations.

A broad spectrum antifungal agent for the treatment of fungal infections of the skin and vulvovaginal area is econazole (Ecostatin). A twice daily application of a 1 per cent cream is advised for tinea, athlete's foot, paronychia, pityriasis, intertrigo, fungal nappy rash, candidal vulvitis and candidal balanitis. Pessaries are available for the management of vulvovaginal candidosis. Promising animal studies with a new antiviral agent, acycloguanosine have been reported (*Nature*, 1978, 272, 583). The compound, a nucleoside analogue has been found to have greater activity than the antiherpes agents idoxuridine and vidarabine, with a low host toxicity. The compound has been recommended for clinical study by the authors.

Antineoplastic therapy

Substances known as retinoids, vitamin A and its analogues have shown some promise in studies against various malignant states. A retinoid, 13-cis-retinoic acid, has been found to inhibit the occurrence and extent of chemically-induced bladder cancer in rats (*J Amer med Assoc*, 1978, 240, 609). The compound is now to be studied clinically in patients at high risk of bladder cancer, also experimentally in other malignant states including those of the breast and skin. The authors of the report state emphatically that these findings should not encourage excessive use of over-the-counter vitamin A as this could lead to serious hepatic damage.

Home medicines — an all round view

Pharmacists act as a filter for patients who come to them with symptoms they are worried about. Patients want advice on whether the symptom is serious enough to go to a doctor or whether they can treat themselves. Mr David Sharpe, vice-president of the Pharmaceutical Society, speaking at a symposium on home medicines, disagreed with Dr Fryers, of Reckitt & Colman Pharmaceuticals, who thought that patients themselves decided how serious were their symptoms. Mr Sharpe also disagreed that the majority of patients came in only to ask about symptom treatment.

Was it practicable to expect a pharmacist to give advice when the shop was full of other customers? In reply Mr Sharpe said the "embarrassment factor" had to be considered and this had been discussed by the Pharmaceutical Society when it was decided that pharmacists could do pregnancy tests. But he said it was surprising the degree of intimacy that customers evolved in over the counter discussions.

Dr John Fry, the second speaker and a general medical practitioner for 30 years, thought that self-medication was just another facet of self-care. He pointed out the chilling fact that no more than 20 per cent of diseases are curable. It was possible to "cure sometimes, relieve often and comfort always". If this truism was borne in mind then self-medication was important. What was needed was a collaborative study between pharmacists, GPs, the pharmaceutical industry and representatives of the public, such as consumer health councils. He, for one would like to see a closer dialogue between pharmacists and GPs at a very

local level. When asked how he, as a doctor, viewed pharmacists undertaking diagnosis, he said that pharmacists had been doing it for years and in his experience no tragedies had ensued. Nor did he feel that self-medication delayed a patient getting advice from a GP on a serious symptom.

Home medicines, when used correctly, are safe, said Dr Goulding, director of Guy's Hospital poisons unit. This might not appear to be the case when the toxicity of the individual ingredients was considered. Inhalants and liniments, embrocations etc however had the potential to kill. But with the bulk of deaths due to drugs, the drug implicated was a prescription only one. He thought that the trend in accidental poisoning had decreased since the introduction of child-resistant containers, but he was opposed to the campaign to put everything in such containers.

The Medicines Act and its relevance to home medicines was outlined by Miss Margaret Cone, of the Department of Health. She thought this legislation to be simpler than that it had replaced though she admitted the confusion between the General Sale List and products sold to the general public. The Prescription Only Medicine List listed ingredients but it probably would have been more logical to have a list of products in the GSL rather than ingredients. But at the time the list was drawn up the number of products was so large as to be unfeasible. The list was under review and more products would appear by name in future.

When an application for a licence for a home medicine was considered, it was possible that a greater emphasis was

given to its safety than for a Prescription Only Medicine. Home medicines were used to treat fairly trivial illnesses and therefore the illness should not be made worse by the drug. Miss Cone agreed with the statement that it was very unlikely that any new drug would become available for OTC sale as soon as it came out—a certain length of time would be needed before its safety was established by post-marketing surveillance. The remark was made from the floor that home medicines would therefore stay old fashioned and as more were removed from the market, the choice would become less wide and this was against current government thinking.

Advertising controls

The head of advertising control, Independent Broadcasting Authority, Mr Peter Woodhouse, described the care taken by the authority before they authorised that an advertisement could be shown or heard on the radio. Scripts were submitted for clearance of which 80 per cent were approved. Such a high proportion was probably due to the fairly clear guidelines laid down over the past 20 years. However some guidelines were still debated such as whether jingles were appropriate for home medicines. When asked why advertisements for pregnancy testing kits and services were excluded, as this could save the GP's time, Mr Woodhouse said the authority might consider such advertisements but they were not suitable for family viewing. It was pointed out that the early evening news was often not suitable family viewing. He replied that there might be irresponsible editorial but advertising was never given the benefit of the doubt.

The role of the voluntary controls on advertising by the pharmaceutical industry itself was outlined by Mr John Wells, director of the Proprietary Association of Great Britain. Advertising was of importance to both the consumer—to know what products were available and for the manufacturer—as the only way of talking to the people who will use his products. Mr Wells considered self-regulation of the advertising by the industry was effective.

Dr Gordon Fryer, Reckitt & Colman, divided the home medicines market into a primary and a secondary field. By secondary he meant those patients who had been told they had a certain disease and would have to live with it. He would like to see, he said, an expansion in both areas. For mild skin conditions, the temporary use of a $\frac{1}{2}$ per cent hydrocortisone preparation should be counter-prescribable as should a diazepam or anti-histamine derivative as a sedative. Ibuprofen was another drug he thought should be more easily available. But doctors should be encouraged to take a history of home medicine usage. In this way they can advise if it seems inappropriate and monitor the effectiveness. This would be a help to both the patients and the industry. Dr Fryer said maximising the "expectation" effect of a home medicine could add greatly to its efficacy.

Mr Geoffrey Turner, Belfast, with his wife and sons and the OBE he had just received from the Queen. Mr Turner was principal officer in the foods and medicines division, Department of Health, Northern Ireland, until his retirement earlier this year



A camera to interest the beginner

KODAK A1 pocket, 110-format, camera. Made in Britain and distributed in the UK by Kodak Ltd, Kodak House, PO Box 66, Station Road, Hemel Hempstead, Herts HP1 1JU.

This is the most recent inexpensive addition to the 110-format range by Kodak. It is simple and performs well despite having only a single meniscus lens. As might be expected, the standard of definition is not as high as more expensive cameras with complex lenses, but, in the close to middle distance, the results will satisfy a large number of people.

The body is plastic with a black leather-grain finish, with satin-silver trim. The yellow shutter-release button identifies its origin! It is small and neat and the user has to get used to holding it firmly by its ends, when the release-button falls naturally under the right index-finger. The fixed-focus, fixed-aperture lens is centrally disposed on the front panel with the viewfinder opening at the top-right corner—the serrated wind-on wheel is easily “stroked” by the middle finger of the left hand, without taking the camera from the eye. The top panel has a recessed socket for top-flash or flipflash. One of the advantages

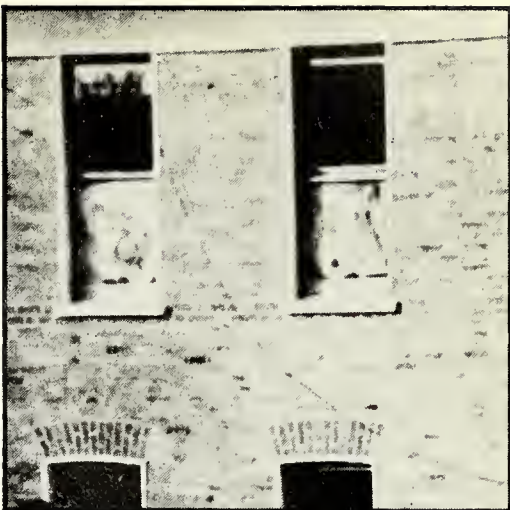
is that the uppermost group of flashes go off first so that the array is, in effect, a flash extender—avoiding the problem of “red-eye” in colour pictures.

The back of the camera is equally clean and free from excrescences—at the top-left hand corner is the viewfinder eyepiece with a centrally placed film cartridge and a positive sliding-lock. There is no tripod-bush but recessed into the bottom right-hand edge of the camera is the anchor point for the nylon-cord wrist-sling.

The usual outdoor and indoor tests were performed using medium-speed pan film (Verichrome), developed in a standard fine-grain developer. The 7 x 5ins enlargements on normal paper, were well up to expectations.

Packing

The packing is equally simple and effective, in the company’s familiar colours and adequately identified. The first two pages of the instruction book (in English) are commendably clear, but they can also be read in German, Spanish, French, Dutch, Italian and Swedish. In summary a nice little camera with which to get someone interested in picture-making without frills.



Approximately same size reproduction

Kodak A1 pocket camera.

Country of Origin: Britain

Distributor: Kodak, Hemel Hempstead, Herts

Lens: 25mm f/11 single meniscus; fixed focus and aperture—range 4ft to infinity

Shutter: fixed speed

Features: Simplicity

Accessories: Wrist-sling; case available

Dimensions: 4 x 2 x 1½ins

Weight: 3½ ounces

Guide price: Simple pack, including film and wrist-sling—£13.66. Xmas pack, including case—£15.13

Availability: Immediate.



IMPORTANT INFORMATION FROM ORTHO PHARMACEUTICAL LIMITED

DISCLAIMER

We wish to bring to the notice of all our distributors and retail outlets that the product CONCEPTROL* Shields lubricated protectives, which was discontinued in 1975, has an expiry date and that all the product previously supplied by us has now reached expiry. If there is any of this product still in the market it should now be destroyed. ORTHO Pharmaceutical Limited cannot accept any responsibility for its sale after the date of this notice.

ORTHO PHARMACEUTICAL LIMITED
Saunderton High Wycombe Bucks HP14 4HJ
*Trade mark



Sangers Group

INTERIM RESULTS

	Half Year to 31st August, 1978	Half Year to 31st August, 1977	Year to 28th February, 1978
	£000	£000	£000
Sales	49,048	44,942	90,798
Profit before Tax	1,008	815	1,651
Profit after Tax	484	391	760
Dividends	1.80p	1.80p	5.80p
Earnings per Share	5.46p	4.45p	8.60p

- * Pre-tax Profits up 24%.
- * Increased contribution from all Divisions.
- * Optics Division now a major company in retail optics.
- * Results for the year expected to be well in excess of last year.

THE SANGERS GROUP LIMITED

Cinema House 225 Oxford Street London W1R 1AE

LETTERS

Boots pharmacists' view of sanctions

Your editorial (November 25) struck a chord with members of Joint Boots Pharmacists Association. We have not wished to rush into print over a contractual matter which relates to profit margins and thus more specifically to proprietor pharmacists but it must be said that there is much sympathy for this cause amongst our members—a feeling, in fact, that we cannot ignore our colleagues in general practice pharmacy.

It is clear, however, that the ultimate sanction of closure would receive little support amongst members of JBPA but a restriction of supply, eg 14 days, is a possibility in view of the professional desirability of reducing medicine wastage.

JBPA would support the PSNC in seeking the opinion of contractors (and their employees as well, since LPCs do have employee representation) before taking steps which could be viewed by the Department of Health as being ineffective.

We consider that it is not entirely fair for some contractors to lay the blame for lack of support for industrial action at the door of members of the Company Chemists Association who, after all, only account for a minority of pharmacies. If the majority of the others were to support industrial action this would be a remarkable situation and we will look for the result of such a referendum with interest.

L. M. Ashley
Publicity official
JBPA

Complaints about newspaper features

In September a brand new pharmacy was opened in this vicinity. The proprietor did not "leap-frog"; on the contrary, his emporium is further away from the local surgeries than either of his long-established competitors. It is beautifully and tastefully appointed—easy on the eye, both inside and out.

Now it is my considered opinion that to open a new pharmacy in the present climate (I believe the net closures during the past year or two have sometimes reached thirty in a month?) requires a generous helping of good old-fashioned guts—a quality which I admire and which is, in these days of feather-bedding and the Welfare State, all too rare. And so, I said to myself, "good luck to him."

Anyway, Mr X (as I shall now call him), naturally wishing to announce the opening of his shop to as wide a public as possible, ventured to insert a full-page advertisement in the local Press. Much of it consisted of contributions from suppliers and shop-fitters; the rest was devoted to a short "write-up" concerning the new venture and, in the centre of the page, a very modest-sized picture of Mr

and Mrs X, standing outside the premises.

After careful perusal of the entire page, my wife and I commented upon the care which Mr X had devoted to ensuring that nothing "sinful" should be printed. The words "chemist," "pharmacist," "pharmacy," "dispensing," etc, were conspicuous by their absence—and there was absolutely no reference whatsoever to contraception! In short, we felt sure that the Archangel Gabriel himself could have found no fault with it. Certainly we felt that no-one, whatever their private feelings about a gutsy individual who was "invading" the perimeter of "their" territory, could find any fault. Which shows just how wrong one can be!

I have it on the very best authority that more than one complaint was made concerning the advertisement. *Why?* A re-appraisal of the entire page revealed the only possible explanation. In the centre picture the letters "ESCRIPT" and "S" are just visible inside the shop window. Yes! That's right! Along with two or three other letters which were obscured, they do spell the dread word "Prescriptions."

For the statistically-minded, I will mention that out of a total advertisement area of 1,260 sq cm, the offending letters occupy 3 sq cm, or about one quarter of one per cent.

For the pharmacists who made the complaints (and it had to be pharmacists, because no lay member of the public would have noticed) I have only the deepest contempt. With "colleagues" such as those, who needs enemies? There are enough external windmills for us and our legislators to tilt at, without trying to cut each other's throats over trifles.

To Mr X, I still say "good luck". As for the complainants, I hereby challenge them to display a bit of guts by openly declaring themselves in your correspondence columns at the earliest possible moment. But you can bet your button-boots they won't!

S. Collett,
Sudbury, Suffolk

P.S. May I forestall any accusations of self-interest by stating that I met Mr X in September for the first time in years and my wife and I do locum work and are not affiliated with, tied to, or associated with any single pharmacy, anywhere.

Dispensing profits of Northern Pharmacies

The accounts of the Northern Pharmacies Ltd, Craigavon, Northern Ireland, make very interesting reading, but would appear to contain figures which could stand further explanation.

On sales of £122,885 (from which, presumably one may deduct the £2,985 covering prescription charges, which are non-profit making), a gross profit of £31,292 has been achieved: if my pocket calculator is working properly, this would indicate a gross profit margin of rather

more than 26 per cent on sales. With only some 25 per cent of those sales being over-the-counter—on which a 26 per cent margin would, in any case, be quite respectable—it would appear that a gross margin of certainly not less than 25 per cent is being achieved on dispensing.

I am not aware that the on-cost figures and the professional fees are different in Northern Ireland from those in England. If such is the case, it would be interesting to learn why Northern Pharmacies Ltd manage to achieve gross margins some 4 to 5 per cent higher than those which would apply to businesses with comparable prescription numbers and item values elsewhere in the UK. Perhaps the superintendent pharmacist or his accountants could provide an explanation for the illumination of your readers?

A. R. Ritchie,
Chairman

Macarthys Pharmaceuticals Ltd

Mr E. E. Speers, superintendent pharmacist, Northern Pharmacies Ltd, writes:

We are very pleased that one of your readers found the figures from the Northern Pharmacies accounts interesting. Perhaps a little background detail would help to explain the essential difference between Northern Pharmacies and the normal High Street pharmacy.

Northern Pharmacies is placed in a new area, Brownlow, and is situated between the established towns of Lurgan and Portadown. This entire area of Brownlow, Lurgan and Portadown and some smaller villages make up the Craigavon city area. Since this Brownlow area has been established for about 10 years it has a very high proportion of young couples, a high proportion of small children and a low proportion of middle-aged and elderly people. This far from normal age grouping may reflect we feel the differences in prescribing habits for more normal established pharmacies.

Figures supplied by the Central Services Agency for this period covered by Northern Pharmacies accounts state the average cost of a prescription equal to £2.143 with an average ingredient cost of £1.615—an average difference of 0.528p, equivalent to 24.64 per cent. Northern Pharmacies figures show an average cost per prescription of £1.525, average ingredient cost £1.100—a difference of 0.425p equivalent to 27.8 per cent. Thus the average difference shows a higher proportion of profit. However it should be noted that the average difference is not a true figure for gross profit since container fees represent 2.58p per prescription.

There is a difference in payment between Scotland, Northern Ireland and the rest of the UK, detailed in the *C&D Directory 1978*, p320. Our OTC sales show a gross percentage profit of 26 due no doubt to a high level of babyfood and baby sundries sales. We do not sell cosmetics. We trust this information will prove satisfactory to your inquirer and we extend our very hearty invitation to him to visit us here in Northern Pharmacies if he should visit Northern Ireland.

Clear proposals for ballot needed

I think your editorial of December 2 is less than fair to the conference of LPC representatives, in that there was a clear commitment to support PSNC, if only on a basis of closing the ranks. No doubt one can argue that the question of ASTMS membership will be raised again, but can anyone doubt that contractors generally are opposed to the idea? The matter is now in the hands of the Department of Health, for if it wants the present situation to continue, with only PSNC involved, then it has to do something to maintain Alan Smith's credibility. In spite, too, of the red mackerel drawn across the field by Mr Hendra, there are now only two choices for the profession—PSNC or ASTMS. If the Department wishes the former, then it has to stop drinking tea and get round the table; if the latter it will continue to act only when patients' lives are at risk.

The ballot on sanctions, too, was presented to the delegates very late, and it is quite evident that it was as the result of a major split in committee. As I understood the chairman at the end of that particular debate we have agreed to hold a ballot, in the event of progress not being made, on the following lines:

Question one. Are you prepared to impose sanctions?

Question two. If yes, then which of the following (tick more than one): Undated resignations; withdrawal from rota; one day cessation of NHS dispensing; withdrawal from oxygen list; selective strikes, varying from area to area.

(Personally I would prefer "place in order of preference" to "tick more than one").

I also feel that before the ballot the representatives of Boots, Kingswood and the Co-ops will have to state what advice if any, they are giving their managers. I do not think that it is fair to contractors in general not to give them all relevant information, and in this I agree with Mr Blum and yourself when you say that PSNC must have clear proposals to put before us.

Finally, there can now be no doubt in anyone's mind that the vast majority of delegates over several years have supported limitation of contract and this time set the seal on that support by approving the whole of the document sent out to us, including 3.12 on shopping centres. There seems no reason why a joint delegation of PSNC, Pharmaceutical Society, CCA, and National Pharmaceutical Association should not go to the Secretary of State before Christmas and ask for legislation. Surely after all this discussion, a draft Bill exists somewhere. If it doesn't then either the Society or PSNC should get on with it, so that the Department cannot prevaricate. This legislation will not be party-political so should be ideal for the present Parliament!

Miall E. James
Benfleet, Essex.

PROFESSIONAL NEWS

Pharmaceutical Society of Great Britain

Pharmacist wanted on General Medical Council

When the General Medical Council is reconstituted under the Medical Act 1978, the Pharmaceutical Society will ask for a pharmacist to be one of the six lay members on the Council, it was announced at the December meeting of the Pharmaceutical Society's Council.

Mr Dickinson, deputy secretary, reported that the Society had received, for information, from the Department of Health a consultative paper setting out the Government's proposals for the reconstitution of the GMC. The paper indicated that there would be provision for six nominated lay members who, according to the Merrison report, should be people who could "change the perspective of the proceedings" and "focus attention on matters likely to worry ordinary members of the public". Mr Bloomfield said that pharmacists could certainly "focus attention on matters likely to worry ordinary members of the public".

The Society's practice of holding two receptions each year, one for professional bodies and government departments and one for governing bodies of pharmaceutical organisations, is to be reintroduced next year, Council decided. The 1976 decision to amalgamate the receptions had resulted in their value to the Society being diminished.

Council agreed that the Organisation Committee should suggest a policy on the attendance by members of Council at the annual branch secretaries' meeting. Mr Bannerman referred to concern expressed in the Organisation Committee's minutes regarding the absence from the 1978 branch secretaries' meeting of the president, the vice-president, the chairman of the Organisation Committee and other members of Council. Mr Dickinson said that the meeting had always been between the branch officials and the senior officials of the Society, with the secretary and registrar taking the chair. It had been felt in the past that it would be valuable to have the president or the chairman of the Organisation Committee at the meeting, but neither normally took any active part in the proceedings.

Council's hotel expenses

The Organisation Committee considered the arrangements for the 1979 British Pharmaceutical Conference, and reaffirmed that if members of Council elected to stay in a hotel they would do so at their own expense. During discussion of Committee minutes at the Council meeting, Professor Beckett pointed out that when Council members stayed in hotels, they received only normal scale of expenses, any additional costs being paid out of

their own pockets. Mr Darling hoped that the minute would not create the wrong impression, because, certainly at the Conference, there was the impression among members that Council members had their hotel expenses paid for. It was not realised that a Council member staying in an hotel and one staying in a hall of residence received exactly the same expenses.

Year of the child

Mrs Joyce Gilbert drew attention to the fact that 1979 had been designated as the year of the child. She felt that the Society might take some action to commemorate the year from the point of view of medicines and the child. The President said the office would note the suggestion and bring a recommendation to the Council.

A letter has been sent to the editor of *Woman's Own* concerning an article, "I was a chemist's shop junkie". The article had been full of inaccuracies and a quotation by the Society staff member had been taken out of context.

Adhesive address labels are to be supplied to regions if requested for use in distributing to their members publicity material on postgraduate courses. The Education Committee recommended that enough labels be supplied free for one circulation of the membership a year.

Heads of schools of pharmacy should be asked to distribute to each third year student the list of preregistration places available in industry. That recommendation was made by the Education Committee following consideration of the report of the annual meeting held in November between the British Pharmaceutical Students Association executive and the officers of the Society.

An invitation is to be extended to the BPSA to send an observer to one Council meeting a year.

An experimental appreciation course for pharmacists on family planning, which had been held in November, had been satisfactory, the Education Committee heard. It was noted that when the valuation forms, which had been circulated at the course, had been correlated, there would be further discussions with a view of preparing a course syllabus and guidance for course organisers throughout Great Britain.

Prompted by a letter from a chief administrative pharmaceutical officer, the Industrial Pharmacists Group Committee considered the problems caused by companies adopting different methods of indicating varying strengths of a product

Continued on p992

Council concern over confusing drug names

Continued from p991

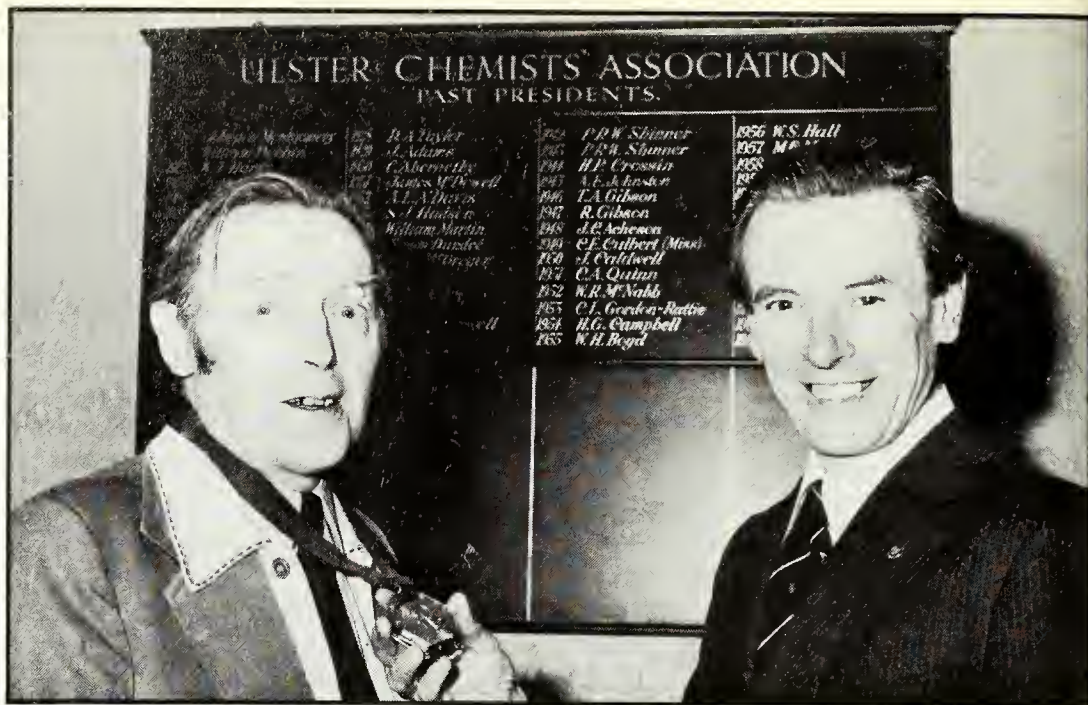
containing more than one drug. The Committee was unanimous in not wanting misleading or ambiguous methods of naming products, but members did not agree that the methods currently used were misleading. The view was expressed that the present system did not pose problems for pharmacists and although there was a possibility of some confusion among prescribers any alteration to a uniform method would create more problems than it would solve.

The Government document "A happier old age" was considered by the Practice Committee. The Committee recommended that comments made at the Committee's October meeting should be submitted to the Department of Health, pointing out that further comments would be forthcoming on the subject of residential homes. At the Committee's October meeting it had been pointed out that pharmacists were members of the primary health care team and should be included in the definition in the document. The Committee had agreed that there should be a reference to the need for a rational location of pharmaceutical services and the provision of a domiciliary service and collection and delivery schemes, particularly for the elderly and housebound. Mr Myers had pointed out that products particularly required by the elderly, such as self-retaining catheters and incontinence products, could not be supplied by pharmacists on National Health prescriptions because of the limits of the Drug Tariff.

Charges opposed

The meeting had agreed that the Society should restate its total opposition to charges for medical treatment, including optical and dental treatment, and point out that if any charge had to be made the exception applying to prescriptions should apply also to optical and dental treatment. Mr Knowles had said that there was a need for co-operation between hospital, general practice pharmacists and social workers to assist in ensuring patient compliance when elderly patients were discharged from hospital. It had been suggested to the Committee that there might be instances when a system of daily supply of medicines to elderly patients could be applied, providing arrangements could be made for collection and delivery. The Committee had agreed that certain dosage aids should be available on prescription, and had pointed out that the costs of its suggestions could be offset by savings achieved by reduction in hospital admissions.

Council has accepted the principle that after registration a pharmacist should



Mr Tom Murphy (left), the new president of the Ulster Chemists' Association with Mr Tom Lee, immediate past president, at the UCA annual meeting

undertake one year in his chosen field of practice before being eligible to be a "pharmacist in charge" in that field. The decision was made on the recommendation of the European Community (Policy) Committee, following the Committee's discussion of draft proposals for a Directive on mutual recognition of pharmacy qualifications. The point was made that it was desirable, particularly in general practice where the newly registered pharmacist was immediately put into contact with the patient, that a year of postregistration experience should take place.

Phenobarbitone for asthmatics

The Society is to make representations to the Department of Health for emergency supply of preparations containing phenobarbitone to be allowed for asthmatics. At present, under the Medicines (Prescription Only) Order, phenobarbitone may only be supplied under the emergency supply provisions for the treatment of epilepsy. Council's decision was made on the recommendation of the Law Committee, following discussion on the matter at the inspectors' and agents' meeting in October.

Concern was expressed at the Law Committee meeting that, instead of using the two-year transitional period to run down stocks of medicines which have become pharmacy only for the first time, general retailers appeared to be stocking up such products, and apparently would be doing so until February 1980.

A letter is to be sent to a pharmacist who, following an approach by her local family practitioner committee, had allowed a medical practitioner to use as a surgery two rooms above her pharmacy after an adjacent doctors' group practice had refused to accommodate the doctor concerned. Council agreed that the pharmacist should be informed that she was in breach of the Statement upon Matters of Professional Conduct. A letter is also to be sent to the FPC administrator, drawing his attention to the fact that it

was he who had involved the pharmacist in the situation and that alternative accommodation should be found for the doctor within three months.

A letter is also to be sent to a pharmacist informing him that if he is to allow a medical practice to establish surgery premises under the same roof as his pharmacy he could potentially be in breach of the Statement upon Matters of Professional Conduct, and advising him to sell a portion of the premises to the doctors concerned. The Ethics Committee was told that there was no other suitable accommodation in the area for the doctors' surgery, their nearby existing premises having been wrecked by vandalism. If the surgery closed down altogether, the pharmacy would also have to close, the Committee was told.

On the recommendation of the Finance and General Purposes Committee, Council agreed that a charge should be made annually in the income and expenditure account to provide for the replacement of the headquarters plant and machinery in about 15 years' time, the amounts set aside to be separately invested and identified in the annual accounts. An initial provision of £30,000 is to be made in 1978, and a similar sum will be provided in each future year together with a further amount to cover inflation in that year.

Council accepted the recommendation of the president that the Society's current representatives on the Poisons Board be reappointed for a further period of three years from November 1, 1978, namely Messrs J. C. Bloomfield (the Society's treasurer); D. F. Lewis (secretary and registrar); J. M. T. Ross (member of Council); A. G. Shaw (deputy director, Association of the British Pharmaceutical Industry); and J. Wright (secretary, National Pharmaceutical Association).

Council agreed that it was not appropriate that the Society should join the Conservative Party's Small Business Bureau consultative council.

MARKET NEWS

Menthol in demand

London, December 13: Trading in menthol and *arvensis* peppermint oil was again active during the week—a week in which inquiry for most other items was noticeably absent. The oil prices were unchanged on the week but menthol, both Brazilian and Chinese, tended to ease despite the demand.

The announcement three weeks ago that Sri Lanka had abandoned floor prices for cinnamon products has turned out to be short lived. During the week prices for bark and for leaf oil have been raised to the approximate levels existing before that announcement.

Among crude drugs Alexandria hand-picked senna pods remain extremely short on the spot although manufacturing grades are available. Tinnevely varieties are not too plentiful either.

Borax prices were reduced recently but the manufacturers warn that their schedules are expected to go up again early in the new year.

Pharmaceutical chemicals

Ascorbic acid: (Per kg) from £5.70 for British material in 25-kg lots down to £4.95 for imported in 1-ton lots.
Biotin: Crystals £7.13 per g; £5.13 in 100-g lots.
Borax: EP grade, 2-4 ton lots per metric ton in paper bags, delivered—granular £221; powder £241 extra fine powder £252.
Brucine sulphate: £45.00 kg.
Calcium pantothenate: £7.70 kg in 25-kg lots.
Carotene: Suspension 10% £33.42 kg; 5-kg £31.42 kg. 30% £59.13 and £57.13 respectively. Crystalline £174.05 kg.
Choline: (500-kg lots) bitartrate £2.41 kg; dihydrogen citrate £2.40.
Cyanocobalamin: (Per g) £3.88 in 10g lots. £1.88 in 100g; £1.75 in 1-kg.
Dihydrocodeine bitartrate: £535 kg in 20-kg lots; Subject to Misuse of Drugs Regulations.
Nicotinamide: (Per kg) £5.60; £5.31 in 5-kg lots; £4.56 (50-kg).
Nicotinic acid: £6.51 kg; £5.01 kg in 50 kg lots.
Papaveretum: £390 kg; 5-kg lots £355 kg. Subject to Misuse of Drugs Regulations.
Riboflavin: (Per kg) £33.42; 5-kg lots £32.17; 10-kg £31.42; diphosphate sodium £80.56, 5-kg £78.56.
Strychnine: Alkaloid £74.30 per kg; sulphate and hydrochloride £60.40 kg, 5-10 kg lots.
Theobromine: £6.60 kg in 1-ton lots.
Thiamine: Hydrochloride or mononitrate from £16 kg in 1-ton lots.
Tocopherol: DL alpha £19.31 kg; 5-kg £17.13 kg.
Tocopheryl acetate: £16.56 kg; £15.31 kg in 5-kg lots; £14.56 (20-kg). Powder 25% £16.13; £14.88; £14.13 (25-kg) respectively.
Vitamin A: (Per kg) acetate powder 500,000 iu/g. £17.70; £15.70 in 5-kg lots. Palmitate, oil 1 miu £17.99; £15.99; water-miscible type 100 £6.27 litre; £4.27 litre in 6 litres.
Vitamin D2: Type 850, £52.42 kg..
Vitamin E: See tocopheryl acetate.

Crude drugs

Aloes: Cape £910 ton spot; £880, cif. Curacao £1.960, cif.
Agar: Spanish/Portuguese £5.50-£6 kg nominal.
Balsams: (kg) **Canada:** Easier at £13.60 spot; £13, cif. **Copaiba:** £2.60 spot; £2.30 cif. **Peru:** £8.95 spot nominal, £8.90 cif. **Tolu:** £5.50 spot.
Belladonna: (kg) leaves £1.55 spot; herb £1.90 nominal spot; root in powder £1.10.
Benzoin: £150 cwt spot nominal; no cif.
Buchu: Leaves £1.40 kg spot; £1.30, cif.
Camphor: Natural powder £5.25 kg spot; £5.25, cif. Synthetic £0.90 spot £0.85, cif.
Cardamoms: Alpepy green No 2 £10 kg, cif.
Cascara: £940 metric ton spot; £920 cif.
Cherry bark: £1.180 metric ton spot; £1.140 cif.
Cinnamon: Seychelles bark £480 metric ton spot; £370 cif. Ceylon quills 4 o's £0.57 lb, featherings £0.17, lb, cif.
Cloves: Madagascar/Zanzibar £4,300 metric ton spot, £3,945, cif.
Cochineal: Tenerife black brilliant £17.50 kg spot; £17, cif. Peru silver grey £14.50 spot; £14.25, cif.
Dandelion: Spot £1,760 metric ton spot; £1,730, cif.
Ergot: Portuguese-Spanish £2 spot; £1.90, cif.
Gentian: Root £1,630 metric ton spot; £1,600, cif.
Ginger: Cochinchina £900 metric ton, spot; £690, new crop £690 (Jan-Feb). Other sources not quoted.
Henbane: Niger £1,600 metric ton spot; £1,580, cif.

Honey: (per metric ton in 6-cwt drums ex warehouse). Australian light amber £720 and medium £712; Canadian £820; Mexican £675; Argentinian £710 (white).
Hydrastis: Spot £13.50 kg; forward £13.50, cif both nominal.
Ipecacuanha: (kg) Spot £10.20, nominal; no cif.
Jalap: No offers.
Kola nuts: £500 metric ton spot; £400 cif.
Lemon peel: Unextracted £1,150, metric ton spot; shipment £1,160, cif.
Liquorice root: Russian £410 spot; £350 metric ton cif., nominal. Black juice £1.32-£1.70 kg spot.
Lobelia: American £1,290 metric ton spot; European £1,220 spot.
Lycopodium: Russian £5.20 kg, cif. Indian £4.50
Menthol: (kg) Brazilian £7.15 spot; £7.15, cif Chinese £7.50 duty paid; £6.15 cif.
Mace: Grenada unsorted £2,130 ton, fob.
Nutmeg: (per metric ton) Grenada 80's unquoted; unsorted £1,425 defectives £1,120.
Nux Vomica: No spot or cif.
Pepper: (metric ton) Sarawak black £1,085 spot, \$1,775 cif; white £1,625 spot; £2,650, cif.
Pimento: Jamaican £1,120 metric ton spot; £1,085.
Podophyllum: Roof Chinese no spot; £400 metric ton, cif.
Quillaia: Spot £1.20 kg; £0.90, cif.
Rhubarb: Chinese rounds 60 per cent pinky £3.30 kg, spot; £3, cif.
Saffron: Mancha superior £750-£800 kg spot.
Sarsaparilla: Jamaican £1.95 kg spot; £1.90, cif; Mexican £1.67 spot; £1.64, cif.
Seeds: (metric ton, cif, **Anise:** China £830, for shipment. **Celery:** Indian £510, cif. **Coriander:** Moroccan £210. **Cumin:** Turkish £1,200; Iranian £1,400; **Fennel:** Indian £485. **Fenugreek:** Moroccan £290; Indian £270.
Senega: Canadian £9.95 kg spot; £9.70, cif.
Senna: (kg) Alexandria pods hand-picked at from £2 upwards; manufacturing £0.60. Tinnevely f a q leaves £0.46; pods, faq £0.48; hand-picked £0.55.
Squill: Italian white nominal.
Styrax: £5.23 kg cif for natural.
Tonquin beans: Para £2.90; kg spot £2.70, cif, both nominal.
Turmeric: (metric ton) indian powder £875 metric ton, cif.
Valerian: Dutch £1,700 metric ton spot new crop £1,650, cif; Indian £1,050; £1,000, cif.
Witchhazel leaves: £2.45 kg spot £2.25, cif.

Essential and expressed oils

Cassia: Spot £36.50 kg; shipment £35.50, cif, English distilled from bark £160.
Cedarwood: Chinese no spot; £1.21, cif.
Cinnamom: Ceylon leaf £2.50, kg spot; £2.35, cif. Bark, English-distilled £150.
Citronella: Ceylon £1.60 kg spot; £1.70, cif; Chinese £2.48 spot; £2.50, cif.
Eucalyptus: Chinese £1.90 kg spot; £1.75, cif.
Ginger: Chinese £48 kg spot; £43.80 cif. Other sources up to £75 spot. English-distilled £120.
Lavender spike: £13 kg cif.
Lemon: Sicilian best grades from £15.50 kg in drum lots.
Lemongrass: Cochinchina £5.25 kg spot; £4.75, cif.
Lime: West Indian £11.20 kg spot.
Mandarin: Spot scarce about £33 kg.
Nutmeg: East Indian £9.75 kg spot; £9.50, cif.
Olive: Spanish £1,295 per metric ton in 200-kg drums ex wharf; Mediterranean origin £1,285;
Orange: Florida scarce on spot at £0.65-£0.75 kg.
Peppermint: (kg) *Arvensis*—Brazilian £3.85 spot; £3.80, cif; Chinese £3.80 spot and Piperata American from £11 spot; £10.30, cif.
Sandalwood: Mysore £75 kg. East Indian £65.
Sassafras: Brazilian £2 kg spot; £1.75, cif.
Spearmint: (g) American £6.50 spot, £6, cif. Chinese £11.25 spot; £10.90, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Advance information

Workshop on self-care, January 8-9, 1979, Royal College of Physicians, London. Organised by the department of community medicine, Guy's Hospital medical school in association with the Health Education Council and the Proprietary Association of Great Britain. Further information and applications (£5) to Professor J. A. D. Anderson, Department of Community Medicine, Guy's Hospital Medical School, St Thomas's Street, London SE1.
Dolphin Labelling Luncheon, January 24, Board room, William's Lee Group, at 12 for 12.30 pm. Tony Pillinger (packaging manager, confectionary group, Cadbury Ltd) on "Labelling legislation and the packaging manager".
Pneumatic Conveying Conference, January 16-18, 1979, Cafe Royal, London. Sponsored by and details from Powder Advisory Service, PO Box 78, London NW11.

Video Arts Training Films, January 31, Slough; February 8, Cardiff; February 21, Brighton; February 22, Sheffield. Films include three new releases—Think yourself lucky (safety motivation); Who's in charge and Decisions, decisions. Also six management films and four customer relations and sales films. Further details from and applications (£1.50) to Video Arts Ltd, Dumbarton House, 68 Oxford Street, London W1.

COMPANY NEWS

Record for Syntex

Syntex Corporation have announced record financial results for the first quarter ended October 31. Sales were \$111.7 million, 35 per cent up on the corresponding period of 1977. Net income was \$18.3 million, up 26 per cent. The largest sales gains were in human pharmaceuticals and diagnostic products. Sales of beauty care products and chemicals increased more than 20 per cent over the previous year's first quarter. Commenting, Dr Albert Bowers, president of Syntex Corporation, says that the improvement operations is reflected in the more than doubled profit of \$22.9 million.

Briefly

Park Chemists (I.S.) Ltd have opened two new branches: 2 Delaval Terrace, Blythe NE24 1DJ and 2 Vulcan Place, Bedlington NE22 5DN.

The business of **R. G. Cockburn, 1 Brook Street, Raunds, Northants** has been sold to L. B. New, Kibworth Beauchamp, Leicestershire.

APPOINTMENTS



Dr Roger Brimblecombe, SK & F

Smith & Nephew Pharmaceuticals Ltd: The appointments in *C&D*, November 25, p903 were within Smith & Nephew Pharmaceuticals Ltd and not Smith & Nephew Ltd as stated.

Smith Kline & French Laboratories Ltd: Dr Roger Brimblecombe has been appointed vice-president, research and development, Europe, effective January 1. He is at present deputy director of the research institute of Smith Kline & French Research Ltd.

P. P. Payne Ltd: Mr John Phillips has been appointed export manager. Mr Phillips joined the firm as export sales manager two years ago. Mr Ray Edgson becomes responsible for the development and sales of rotary label printing machines at home and overseas.

Classified Advertisements

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25 New Street Square, London EC4A 3JA.

Telephone 01-353 3212

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Headings All advertisements appear under appropriate headings.

Copy date 12 noon Tuesday prior to publication date.

Advertisements should be prepaid.

Circulation ABC January/December 1976: 14,510

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RUMABRACE SOLID COPPER BRACELETS (in 2 sizes) R.R.P. £1.75. £10.50 per doz. inc. VAT. Post Free. Cheque with order. Gardiner & Lacey, Chemists, 13, St. Giles St., Norwich. Phone 21117.

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LEGAL NOTICES

NOTICE OF INTENTION TO PRESENT A PETITION TO THE COURT IN THE HIGH COURT OF JUSTICE CHANCERY DIVISION PATENT COURT

IN THE MATTER of Letters Patent No. 1,013,907 dated 21 August 1963 and No. 1,064,629 dated 4 March 1966 granted to IMPERIAL CHEMICAL INDUSTRIES LIMITED of Imperial Chemical House, Millbank, London SW1 in respect of an invention entitled "Alkene Derivatives".

AND IN THE MATTER of The Patents Acts 1949 and 1977

NOTICE IS HEREBY GIVEN that it is the intention of IMPERIAL CHEMICAL INDUSTRIES LIMITED to present a petition to the High Court of Justice, Chancery Division, Patents Court, praying that the term of the above mentioned Letters Patents may be extended, and Notice is further given that on 26 March 1979 at the Royal Courts of Justice in the Strand at 10.30 am or so soon thereafter as Counsel may be heard, the said IMPERIAL CHEMICAL INDUSTRIES LIMITED intend to apply to the Court for a day to be fixed before which the Petition shall not be in the paper for Hearing and for other directions. Notice of Opposition to the Petition must be lodged not less than 7 days before the date above mentioned at the Chancery Registrar's Office, Royal Courts of Justice, Strand, London. Documents regarding service upon the said IMPERIAL CHEMICAL INDUSTRIES LIMITED pursuant to the Rules of the Supreme Court Order 103 rule 5 may be served at the Office of the Solicitor to the said IMPERIAL CHEMICAL INDUSTRIES LIMITED.

Dated this 15th day of December 1978.

B. J. W. WINTERBOTHAM, Solicitor to the said IMPERIAL CHEMICAL INDUSTRIES LIMITED whose address for service is Imperial Chemical House, Millbank, London SW1.

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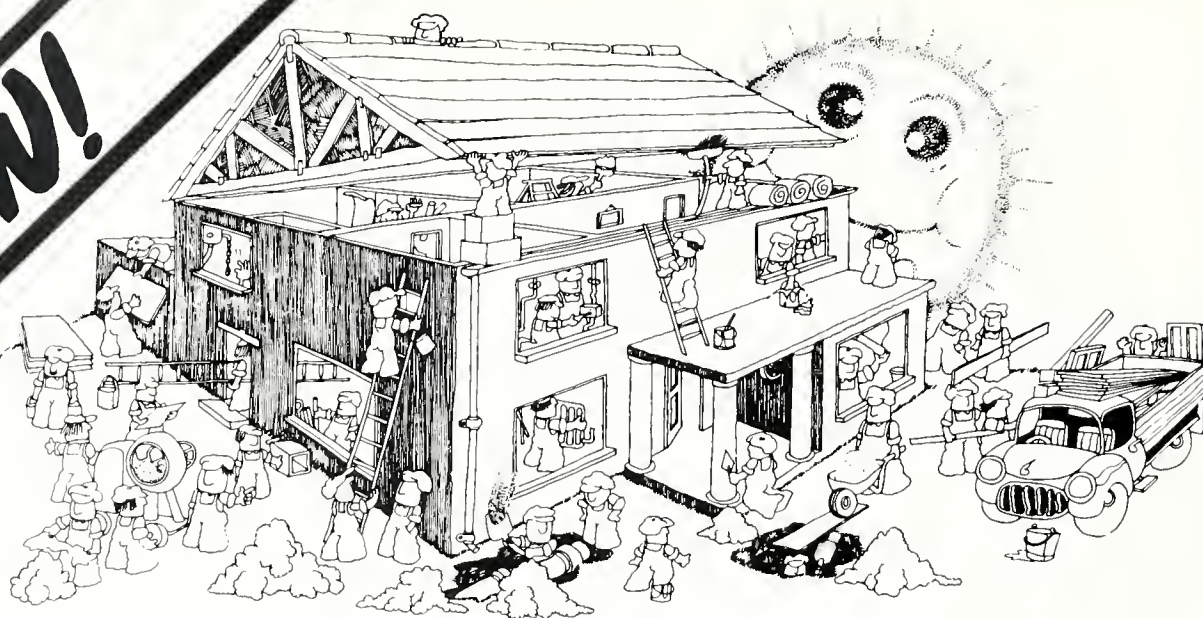
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